

**2015 KENTUCKY SCHOOL OF ALCOHOL AND
OTHER DRUG STUDIES**

PRESENTS

**CULTURAL COMPETENCY IN ADDICTIONS
TREATMENT**

PRESENTER

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PRINCIPLES THAT GUIDE CULTURALLY COMPETENT CLINICAL PRACTICE

1. Client's right to self-determination
2. Non-malice
3. Justice and fairness - Providing equal treatment to all people
4. Individualization
5. Clients have the right to receive services in a welcoming environment.

How service providers leave clients feeling unwelcome:

- A.
 - B.
 - C.
 - D.
 - E.
 - F.
6. Client feedback guides the clinical work.
 7. Clients have a right to receive services that honor their diversity and respect their culture.

DISCUSSION

1. As a member of your ethnic or cultural group, what are you most proud of?

2. When you were growing up, how did you learn about other ethnic groups that did not reside in your community?

3. When you were growing up, what was your community's perception of other ethnic groups that did not reside in the community (admiration, fear, hate, etc.)?

4. Throughout your life have you experienced power or a lack of power relative to:
 - A. Your gender identity?
 - B. Racial identity?
 - C. Work identity?

5. Where did you learn biases, assumptions, and stereotypes? How were these lessons taught?

DIVERSITY DEFINITION

The differences that make us all unique

THE DYNAMIC OF DIFFERENCE

The dynamic of difference occurs in cross-cultural interactions when a person from one culture interacts with a person from another culture. Persons from both cultures may misjudge the other's actions, based on learned expectations. Each brings to the relationship unique histories with the other group and the influence of current political relationships between the two groups. Both will bring culturally prescribed patterns of communication, etiquette, and problem solving. Both may bring stereotypes or underlying feelings about serving or being served by the other. They each might have a different conceptualization of the problem, its cause as well as the cure.

10 CHARACTERISTICS OF EFFECTIVE CULTURALLY COMPETENT ADDICTIONS COUNSELORS

1. The counselor moves beyond first impressions.
2. The counselor searches for strengths.
 - A. What do you do well?
 - B. What skills do you have that have enabled you to endure so much?
 - C. What do you like to do in your leisure time?
 - D. What are the 3 best moments you can recall in your life?
 - E. What is the best thing you ever made happen?
 - F. What is your current or previous life suffering preparing you to do with the rest of your life?
 - G. What have you learned from what you've gone through?
3. The counselor is aware of his/her own biases and strives not to allow them to interfere with his/her work with clients.
4. The counselor allows the client to be the teacher about his/her own culture.
5. The counselor recognizes the diversity within groups.
6. The counselor is too self-actualized to hide behind isms.
7. The counselor is empowering.
8. The counselor does not assume that he or she knows what is best for the client.
9. The counselor incorporates aspects of the client's culture into the change process.
10. The counselor is able to learn from community-based programs of recovery.

ADOLESCENT MALE RITES OF PASSAGES

1. Group name, mission statement, and logo
2. Explore the history of your own name.
3. Family tree
4. Secure a library card, Social Security card, and identification.
5. Read two books (one on African American culture).
6. Community project
7. Personal growth work

FACILITATING ADDICTIONS GROUPS WITH MULTICULTURAL MEMBERSHIP

BEING AVAILABLE TO ALL

Four Important Terms

1. Actual minority –
2. Actual majority –
3. Psychological minority –
4. Psychological majority –

Facilitating Groups with Multicultural Memberships

1. You are the bridge initially.
2. Be available to all.
3. Help those in the psychological minority feel more comfortable.
4. Try to avoid “tokenism.”
5. Be aware of how issues occurring in the larger society can impact group process.
6. Be willing to have an open discussion of issues connected to differences.

The New Recovery Movement

- ❖ Recovery homes and church-based ministries
- ❖ Advocacy groups – fighting for expungement and disparities in sentencing
- ❖ Stigma reduction - “Million Addict March”
- ❖ Native American Wellbriety Movement
- ❖ Indigenous healers
- ❖ Culturally specific program (partnerships between the community and treatment)

African American rites of passage

- ❖ Group name, logo, and mission statement
- ❖ Research the history of your own name
- ❖ Family tree
- ❖ Secure a library card, Social Security card, and state ID
- ❖ Read 2 books
- ❖ Complete a community project
- ❖ Personal growth work

Native American Wellbriety Movement

- ❖ Recovery involves a return to the circle.
- ❖ You must create a “healing forest.”
- ❖ The community is the treatment center.
- ❖ A great learning must take place.
- ❖ Addiction is not a part of our culture.

GLIDE Memorial Church

- ❖ Started by Pastor Cecil Williams, Author of *No Hiding Place*.
- ❖ 80% of the congregation is working on recovery.
- ❖ Allows room for “shouting” and communal relating.
- ❖ Good for those who felt alienated in other self-help groups.
- ❖ Members are allowed to openly talk about and express anger and rage.
- ❖ The program is not anonymous; most members have no reputation to protect.
- ❖ Acknowledging powerlessness is not a revolutionary idea for the members.
- ❖ Members are taught that their recoveries are important to the black community.
- ❖ The program is multigenerational.
- ❖ There are special groups for men and women.

Southeast Asians Working Together

- ❖ Training of certified counselors
- ❖ Use of community healers
- ❖ Translating literature into multiple languages
- ❖ Reducing intergenerational tension
- ❖ Prevention and treatment simultaneously

Miracle Village – Gary, Indiana

- ❖ Incentives
- ❖ Outreach
- ❖ Removal of barriers
- ❖ Easy access to treatment
- ❖ Help with housing and employment
- ❖ Partnership among treatment, mental health, and child welfare

ISSUES OF DIVERSITY AND ETHICS IN FAMILY THERAPY

NASW CODE OF ETHICS AND DIVERSITY

- A. Social workers should understand culture and its function in human behavior and society, recognizing the strengths that are present in all cultures.
- B. Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to difference among people in cultural groups.
- C. Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity, age, marital status, political beliefs, religion, immigration status, and mental or physical disability.

Issues to Be Aware of When Working with Chemically Dependent Families

- 1. Definition of family
- 2. Individual, family, and cultural strengths
- 3. The family's view of the presenting problem from their cultural perspective, including definition, cause, and how they feel the problem should be treated.
- 4. Rules around communication with "outsiders" and institutions.
- 5. Current and historical experiences of oppression.
- 6. The group's method of determining the truth.
- 7. Behaviors that are adaptive or responses to pain/oppression rather than cultural.
- 8. Current and historical relationships between the client's and therapist's cultural group and implications for counseling.
- 9. Rules around interference.

10. Cultural explanations for behaviors that do not make sense to the therapist.
11. The use of indigenous healers.
12. Intergenerational conflict.
13. Input into program development.
14. The gap between the therapist's and family's focus.
15. Aspects of the client's culture, which can be incorporated into the treatment plan.
16. How and where to learn more about a family's culture.

CASE VIGNETTES

1. Mike, a Rastafarian client in your program, smokes marijuana as a part of his cultural and spiritual practice. You believe that smoking marijuana is a relapse. You will meet with Mike's family today, all of who are Rastas. They agree with his position on marijuana. As the counselor, how would you deal with this situation?

2. You have decided to buy a new car, and when you get to the dealership, you are met by a former client who now works for the dealership and who offers to give you the car of your choice at cost.
 - A) What factors might be considered in your decision about whether to accept the car?
 - B) Do you accept the car?

3. A counselor routinely sells M&M's (candy) at work to support church functions and kids activities. Does this create an ethical dilemma?

4. Staff are starting to whisper that Jason, a counselor where you work, has been seen in public with and is dating a client. When confronted about this, Jason states, "She is a former client and it is therefore none of the agency's business."
 - A) Does this create an ethical dilemma?
 - B) Does a client ever lose the status of client?

5. Darryl just finished a counseling session with Denise. At the end of the session, Denise states, "I just love you, Darryl." Darryl states, "I love you, too."
 - A) Your reactions
 - B) What should a counselor say if a client says, "I love you."

As a therapist would you engage in any of the following and under what circumstances? Which of these has the greatest potential for harm?

- A) Accepting a client's invitation to a special occasion.
- B) Becoming friends with a client after termination.
- C) Going out to eat with a client after a session.
- D) Inviting a client to a party or social event.

THE CULTURAL COMPETENCE CONTINUUM

1. Cultural Destructiveness

The most negative end of the continuum is represented by attitudes, policies, and practices that are destructive to cultures and to individuals within the culture. The most extreme examples of cultural destructiveness are agencies that actively participate in cultural genocide.

2. Cultural Incapacity

The agency does not intentionally seek to be culturally destructive but lacks the capacity to help diverse populations. The agency remains extremely biased, believes in the racial superiority of the dominant group, and assumes a paternalistic posture toward other cultures that they do not regard as equal. Such agencies are often characterized by ignorance and unrealistic fear of other cultures. Discriminatory hiring practices, subtle messages to diverse client populations that they are not valued or welcome is often present.

3. Cultural Blindness

Culturally blind agencies are characterized by the belief that helping approaches traditionally used by the dominant culture are universally applicable. If the system worked as it should, all people, regardless of race or culture, would be served with equal effectiveness. The consequences of such a belief are to make services so ethnocentric as to render them almost useless to all but the most assimilated clients from diverse groups.

4. Cultural Pre-competence

The pre-competent agency realizes its weaknesses in serving diverse populations and attempts to improve some aspects of their services to diverse populations. The agency might hire diverse staff, explore how to serve diverse populations more effectively, initiate culture diversity training for staff, increase the diversity of the board, etc.

5. Cultural Competence

Culturally competent agencies are characterized by acceptance and respect for difference, continuing self-assessment regarding culture, careful attention to the dynamics of difference, continuous expansion of cultural knowledge and resources, and the altering of treatment models to more effectively serve diverse populations. Culturally competent agencies provide continuous support for staff to become more comfortable working in cross-cultural situations.

6. Cultural Proficiency

This point of the continuum is characterized by holding culture in high esteem. Culturally proficient agencies seek to add to the knowledge base of culturally competent practice by conducting research, developing new therapeutic approaches based on culture, and publishing the results of their findings. Culturally proficient agencies hire staff who are specialists in culture competence practice. The agency advocates for cultural competence throughout the system. Open communication among staff, diversity at all levels, and hiring, promoting and retaining a diverse workforce, are also important areas upon which they focus.

Source: Sue and Sue

CONNECTIONS

- Family background
- The place where you grew up
- The things you value most
- The kinds of books you read
- The music you like
- Things that bother you
- What you look for in a friend
- The food you like
- The kinds of vacations you like
- Types of movies you like
- Sports you like
- Favorite holidays
- Most interesting life experience
- Feelings about education